SHERIFF'S DEPARTMENT

A Tradition of Service

DATE:

July 24, 2008

OFFICE CORRESPONDENCE

FILE NO.

FO2213150

FROM:

ERIC B. SMITH, COMMANDER

LEADERSHIP AND TRAINING DIVISION

TO:

DANIEL S. CRUZ, CAPTAIN

MEN'S CENTRAL JAIL

SUBJECT:

EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS AND RECOMMENDATIONS

USE OF FORCE

The purpose of this memo is to notify you of the review committee's findings and recommendations concerning the use of force incident which occurred on February 2, 2008.

The Committee met on July 24, 2008 and consisted of me and Commanders Stephen B. Johnson (Custody Operations Division) and Thomas E. Spencer (Detective Division). The Committee determined the use of force by Deputy James Krase #521418, Deputy Adam Villalobos #527490, Deputy Armando Diaz #522014, Deputy Jose Sanchez #519509, Deputy Alejandro Hernandez-Castanon #522048, Deputy Jason Johnson #514225, Deputy Deputy Minh Her #516690, Deputy Hector Vazquez #526304, and Deputy # Was within Department policy.

Please advise the deputies of this finding.

EBS:MOT:mt

Los Angel County Sheriff's Tepartment Supervisor's Report on Use of Force Page

Page 1 of 9

Incident Information URN: 0 0 8 - 0 0 1 5 6 - 5 1 1 4 5 Date: Time: 2/2/08 0845 hrs. 441 Bauchet St. Module 2800 City or Station: Location: Los Angeles Bureau/Station/Facility: YES NO 🛛 Custody/Men's Central Jail Admin. Investigation: Type of Force: Significant Force Deputy Injury : YES X NO Suspect Injury YES X NO Call ☑ Observation Detail Foot Pursuit Vehicle Pursuit IAB Notified: YES X NO Person Notified: Clay Porlier Emp: IAB Roll Out: YES NO Involved Employee Employee# Last Name First Name Middle Name Krase James Sex: Unit of Assignment: Bace: Work Assignment (Unit #, Module, etc.): M Male remale Men's Central Jail W 2600/2800 module Shift: Height: Age: OT Shift Off Duty X Regular Shift PM 1 EM Day 504 160 Coroner Case # **Directed Force** Injured X Treated Admitted Hospital: Significant Force Employee # Last Name First Name Middle Name Villalobos Adam Sex: Unit of Assignment: Race: Work Assignment (Unit #, Module, etc.): Male. Female Men's Central Jail Н Module 2800 Shift: Height: Age: Weight: Regular Shlft OT Shift Off Duty EM Day PM 508 180 Coroner Case # Directed Force Admitted Hospital: Injured I Treated Significant Force Employee Last Name Flist Name Middle Name Sanchez Juan Sex: Race: Unit of Assignment: Work Assignment (Unit #, Module, etc.): Male Male Female Men's Central Jail H Module 2600/2800 Shift: Height: Weight: Age: Regular Shift OT Shift Off Duty EM Day PM 509 185 Coroner Case # Directed Force Injured Treated Admitted Significant Force Hospital: Additional Involved Employees On Duty Supervisor First Name Wilness to Incident Emp.# Last Name Middle Name Rank Present YES 🗌 NO 🛛 YES INO Tapia Patrick Sgt. Present Witness to Incident First Name Middle Name Rank ast Name Jorge Sld YES INO X YES NO X Sanchez Watch Sergeant Last Name Middle Name Emp. First Name Herron Edward Watch Commander Emp. Last Name First Name Middle Name Olson Gary Watch Commander (Print Name) Watch Commander's Signature: Emp #: Date Carlos E. Flores Supervisor Completing Form: (Print Name) Emp #: Copy Provided to Employee by: Emp #: Unit Commander (Print Name) Unit Commander's Signature: Emp#: Date DISCOVERY Use Only Original: Discovery Unit FO# SH-R-438P (Rev. 12/07) Copy: Unit Commander

S ervisor's Report on Use of (rce INVOLVED EMPLOYEE - Continuation 0 0 8 - 0 0 1 5 6 - 5 1 0 0 - 1 4 5

Page 2 of 9

1				Involved Emp	oloyee			
E 4	Employee #	Last Name			First Nar			Middle Name
			Hemandez-Ca				Alejandro	
	Sex:	Race				Work A	Assignment (Unit #, Mo	
		emale H	Me	n's Central .	Jail		Module 260	00/2800
	Shift:	_	Regular Shift	OT Shift	Off Duty	Age:	Height	Weight:
	☐ EM 🔲 D	ay PM	M Bedings Shift				509	180
							Coroner Case #	Directed Force
	Injured T	reated Admitte	d Hospital:					Significant Force
E 5	Employee#	Last Name			First Nan			Middle Name
			Diaz				Armando	
	Sex Male F	Race	Unit of Assignme		I - 21	Work A	seignment (Unit #, Mo	The state of the s
		emale H	IVIÐ	n's Central C	lan	<u> </u>	Module 250	
	Shift:		Regular Shift	OT Shift	Off Duty	Age;	Height:	Weight:
	☐ EM 🔀 D	ay PM					508	200
							Coroner Case #	Directed Force
	Injured Ti	reated Admitte	d Hospital:					Significant Force
E _6	Employee #	Last Name			Frst Nan	ne		Middle Name
Ľ			Johnson	1			Jason	
	Sex:	Race	-			Work A	ssignment (Unit #, Mo	
		emale W	Me	n's Central	Jail	<u> </u>	Module 220	0/2400
- 1	Shift:		Regular Shift	OT Shift	Off Duty	Age:	Height:	Weight:
	☐ EM ☑ D	ay PM	M Hegular Shift	Or some			510	225
		_					Coroner Case #	Directed Force
	Injured Te	reated Admitte	d Hospital:					Significant Force X
_ 7	Employee#	Last Name			Frst Nan	ne		Middle Name
E_7								
	Sex	Race				Work A	ssignment (Unit #, Mo	dule, etc.):
	Male F	emale W	Me	n's Central	Jail		Module 250	0/2700
	Shift:		The sent on Otolife	Diozous	По#2	Age:	Height:	Weight:
	☐ EM ☑ D	ayPM	Regular Shift	OT Shift	Off Duty		604	210
							Coroner Case #	Directed Force
- 1	Injured X Tr	reated Admitte	d Hospital:					Significant Force
E 8	Employee#	Last Name			Frst Nan	ne		Middle Name
<u>-</u> _			Vazque	Ζ			Hector	
	Sex:	Race				Work A	sesignment (Unit #, Mo	
		emale H	Me	n's Central	Jail	1	Module 220	,
	Shift:	_	Regular Shift	OT Shift	Off Duty	Age:	Height:	Weight:
	☐ EM 🔀 Da	ay PM	Aegular Snift	LIUIShii	CAT DUBY		508	180
							Coroner Case #	Directed Force
	Injured Tr	reated Admitte	d Hospital:					Significant Force

Servisor's Report on Use of (real INVOLVED EMPLOYEE - Continuation 0 0 8 - 0 0 1 5 6 - 5 1 0 0 - 1 4 5

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				Involved Emp	loyee			
E 9	Employee #	Last Name			First Na	ne		Middle Name
			Her			,	Minh	
	Sex:	Race:	Unit of Assignme		1 - 3	Work	Assignment (Unit #, M	
1	Male Female	0	IVIE	n's Central	Jail	<u> </u>	2000 Floo	
	Shift:		Regular Shift	OT Shift	Off Duty	Age:	Height	Weight:
	☐ EM ☑ Day	PM					506	170
							Coroner Case #	Directed Force
	Injured Treated	Admitted	Hospital					Significant Force
E 10	Employee#	Last Name		_	First Nan	ne _		Middle Name
	Sex:	Race:	Unit of Assignme		. **	Work A	Assignment (Unit #, Mo	
	Male Female	W	Me	n's Central J	lail		Module 220	
	Shift:		Regular Shift	OT Shift	Off Duty	Age:	Height:	Weight:
	☐ EM 🔀 Day	PM	Z regular or lit				602	210
		,					Coroner Case #	Directed Force
	Injured Treated	Admitted	Hospital:					Significant Force
Е	Employee #	Last Name			First Nar	ne	718	Middle Name
	Sex: Male Female	Race:	Unit of Assignme	ent		Work A	Assignment (Unit #, Mo	adule, etc.):
	Shift: BM Day	□РМ	Regular Shift	OT Shift	Off Duty	Age:	Height;	Weight:
	Injured Treated	Admitted	Hospital:				Coroner Case #	Directed Force Significant Force
E_	Employee #	Last Name			First Nan	ne		Middle Name
	Sex: Male Female	Race:	Unit of Assignme	nt		Work /	Assignment (Unit #, Mo	odule, etc.):
	Shift:	□ РМ	Regular Shift	OTShift	Off Duty	Age:	Height:	Weight:
	Injured Treated	Admitted	Hospital:				Coroner Case #	Directed Force Significant Force
E_	Employee #	Last Name			First Nan	ne		Middle Name
	Sex:	Race:	Unit of Assignme	nt		Work A	Assignment (Unit #, Mo	odule, etc.):
	Shift: EM Day	РМ	Regular Shift	OT Shift	Off Duty	Age:	Height:	Weight
							Coroner Case #	Directed Force
ı	Injured Treated	Admitted	Hospital:					Significant Force

S ervisor's Report on Use of F ce SUSPECT INFORMATION

008-00156-5100-145

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			S	uspect Infor							
S <u>1</u>	Last Name	Deguer	re	First Name	Jose	eph	Middle Na	me S	Sunny		
	AKA Last Name			First Name			Middle Na	me			
	Sex: Male Female	Race:	Street Address:			City:		State & Zip	Code:		
	Work Phone: None	Home Phone	9:	Age: 38	Height: 605	D.O.B. 10-11-6	Weigh	290	Armed?		
	Booking #: 1089611	Primary Ch	arge Code: 48	7 (D) PC	Secondary Cha						
	EMT in attendance? XYES	NO NE	me: MCJ Clinic		Unit:		Phone	#: <u>213 97</u>	4-4961		
	Hospital Admission?	Rec'd Treatm	ent At:		C		Ment	al History			
	By Doctor:		Address:_				Phone #	:			
	Under Influence: YES		Substance:	Suspect I	nterview				i iliness 🔲		
	Date: 02-02-0		Time: 0900			Videotape:	X	Photos of			
				Suspect Infe	ormation						
s	Last Name			First Name			Middle Na	me			
	AKA Last Name			First Name			Middle Na				
	Sex: Male Femal	Race:	Street Address:			City:		State & Zip	Code:		
	Work Phone:	Home Phon	e;	Age:	Height:	D.O.B.	Weigh	it:	Armed?		
	Booking #:	Primary Ch	arge Code:		Secondary Cha	arge Code:		Crimit	nal History 🔲		
,	EMT in attendance? YES	NO N	ame:		Unit:		Phone	#:			
	Hospital Admission?	Rec'd Treatn	nent At:			Coroner Case #:		Men	tal History		
	By Doctor:		Address: _			Phone #:					
	Under Influence: YES	h-md				Mental Illness:					
	Date:	ashist is	Time:								
	Date.			uspect Infor		Videotape: Photos of Injuries:					
S_	Last Name			First Name			Middle N	ame			
	AKA Last Name			First Name			Middle N	ame			
	Sex: Male Fema	e Race:	Street Address:			City:		State & Zip	Code:		
	Work Phone:	Home Phon	ie:	Age:	Height:	D.O.B.	Weigh	nt:	Armed?		
	AKA Last Name Sex: Male Female Race: Street Address Work Phone: Home Phone: Booking #: Primary Charge Code:	harge Code:		Secondary Ch	arge Code:		Crimi	nal History			
	EMT in attendance? YE	S NO N	lame:		Unit_		Phone	#:			
- (Hospital Admission?	Rec'd Treatr	ment At:			Coroner Case #:		Mer	ntal History		
	By Doctor.		Address:				Phone	#:			
:	Under Influence: YES				Mental Illness Suspect Interview						
	Date:	nantarras.	Time.	Audio		Videotape:		Photos of			
	SH-R-436P (Rev. 12/07)						Addition	al Suspect:			

Sug visor's Report on Use of Fo; > EMPLOYEE / NON-EMPLOYEE INFORMATION

008-00156-5100-145

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			Employee Witnes	ses						
Emp. #	Last Name	Silva	First Name	Christopher	Middle N	ame				
Emp. #	Last Name		First Name		Middle N	ame				
Emp.#	Last Name		First Name		Middle Na	Middle Name				
Emp. #	Last Name		First Name		Middle N	Middle Name				
Emp. #	Last Name		First Name	Middle N	ame					
Emp. #	Last Name		First Name		Middle Na	ame				
		N.	on-Employee Witn	20220						
_ast Name		First Name	on employee with	Middle Name		Age	D.O.B.			
						32				
Street Address			City	Zip Code	Work Ph.		Home Ph.			
L.A. Co ast Name	ounty Jail Inmate #	First Name		Middle Name		Age	D.O.B.			
						39				
Street Address L.A. Co	ounty Jail Inmate #		City	Zip Code	Work Ph.		Home Ph.			
ast Name		First Name		Middle Name		Age	D.O.E			
						43				
Street Address L.A. Co	ounty Jail Inmate #		City	Zip Code	Work Ph.	ŀ	lome Ph.			
ast Name		First Name	_	Middle Name		Age	D.O.B.			
Direct Address	** 10:000 ***		l Oib	17' 0 4	100 - m	18				
Street Address L.A. Co	ounty Jail Inmate #		City	Zip Code	Work Ph.	ľ	iome Ph.			
ast Name		First Name		Middle Name		Age 18	D.O.B.			
Street Address			City	Zip Code	Work Ph.		lome Ph.			
L.A. Co	unty Jail Inmate #									
ast Name		First Name		Middle Name		Age 18	D.O.B.			
Street Address			City	Zip Code	Work Ph.		lome Ph.			
L.A. Co	unty Jail Inmate #									
ast Name		First Name		Middle Name		Age	D.O.B.			
Street Address	200		City	Zip Code	Work Ph.	18 H	ome Ph.			
L.A. Co	unty Jail Inmate #									
ast Name		First Name		Middle Name		Age 23	D.O.B.			
Street Address		ı	City	Zip Code	Work Ph.		ome Ph.			
L.A. Co	unty Jail Inmate #									
ast Name		First Name		Mîddle Name		Age 31	D.O.B.			
Street Address		1	City	Zip Codo	Work Ph.		ome Ph.			
	unty Jail Inmate #									

Su rvisor's Report on Use of Fine EMPLOYEE / NON-EMPLOYEE INFORMATION - Continuation

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			Employee Witnesso	:5				
Emp. #	Last Name		First Name			Middle N	lame	
Emp. #	Last Name		First Name			Middle N	lame	
Emp. #	Last Name		First Name			Middle N	lame	
Emp. #	Last Name		First Name			Middle N	lame	
Emp. #	Last Name		First Name			Middle N	lame	
Emp. #	Last Name		First Name			Middle N	lame	
		No	n-Employee Witnes	see				
Last Name		First Name		Middle	e Name		Age	
Street Address			City		Zip Code	Work Pl	26	Home Ph
	ity Jail Inmate #		J,		Zip oodo	Troin 1	,	Tiomo Chi
Last Name	ny odn minate m	First Name		Middle	e Name		Age	D.O.B.
							30	
Street Address	ity Jail Inmate #	_	City		Zip Code	Work Ph	1.	Home Ph.
Last Name	Ny Can Marata	First Name		Middle	Name		Age	D.O.B.
							45	
Street Address	ty Jail Inmate #		City		Zip Code	Work Ph	١.	Home Ph.
Last Name	ty oan manate w	First Name		Middle	Name		Age	D.O.B.
							34	
Street Address	ty Jail inmate #		City		Zip Code	Work Ph	,	Home Ph.
Last Name	ty ball fillinate #	First Name		Middle	Name		Age	D.O.B.
							42	
Street Address L.A. Coun	ty Jail Inmate #		City		Zip Code	Work Ph	•	Home Ph.
Last Name		First Name		Middle	Name		Age	D.O.B.
Street Address			City		Zip Code	Work Ph	34	Home Ph.
	ty Jail Inmate #		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Z.p 0000	T. Giller		Tionic Th.
Last Name		First Name		Middle	Name		Age	D.O.B.
Street Address			City		Zip Code	Work Ph.		Home Ph.
Last Name		First Name		Middle	Name	1	Age	D.O.B.
Street Address			City		Zip Code	Work Ph.	ş.	Home Ph.
\$ 4 M		[8.81.9.41	News		Age	LDOB
Last Name		First Name		Middle	rvame		~	D.O.B.
Street Address			City		Zip Code	Work Ph.		Hame Ph.

(NK) Neck

(NO) Nose

(SH) Shoulder (WR) Wrist

URN:	008-00156-5100	1-145	REFERE	NCE#: 5100	- 2008 - 020	02 - 001
Method						
(AW) Arwen (BC) Baton: (Control) (BI) Baton: (Impact) (BF) Bodily Fluids (CN) Canine (CR) Carotid Restraint (CH) Choke Hold (CT) Control Holds: (CTT) Control Holds: (TOTD) Control Holds: (TOTD) Control Holds: (TOTD) Control Holds: (TOTD) Chemical (CE) Chemical Agents (TG) Chemical Agents (EX) Explosives	ikedown) (OC Spray)	(FH) Firearm (Handg (FR) Firearm (Rifle) (FS) Firearm (Shotg (FO) Firearm (Other) (FB) Flashbang (FL) Flashlight (OE) Other Weapon: (OV) Other Weapon: (OB) Other Weapon: (OO) Other Weapon: (PK) Personal Weap (PH) Personal Weap (PH) Personal Weap	Edged Vehicle Blunt Object Other on: Feet/Leg: (Kick on: Feet/Leg: (Swe on (Hand/Arm)	(RS) Resis (CN) Restr (RH) Restr (HB) Restr (TP) Restr (RE) Restr (SP) Sap (SH) Shiel (SG) 37mr (SB) Sting	raint Device (Cap raint Device: Hob raint Device: Hob raint Device: REA d m Stinger Ball Bag r	oture Net) ndcuffs) oble (Legs Only) oble (TARP)
Type of Injury		4		Body Part Injui		
(AB) Abrasion (BR) Bruise	(DB) Dog Bite (FR) Fractures	(PA) Paralysis (PW) Puncture V		AD) Abdomen AK) Ankle	(FA) Face (FE) Feet	(HI) Hip (IN) Internal
(BU) Burn	(GS) Gunshot	(SD) Soft Tissu		AR) Arm	(FI) Fingers	(KN) Knees
(CP) Complaint of Pair	(HB) Human Bite	e (ST) Sprain/Tw	sts (BK) Back	(GE) Genitals	(LE) Leg

FORCE APPLIED

(BT) Buttocks

(CH) Chest

(EL) Elbow

(GR) Groin

(HD) Hands

(HE) Head

(UN) Unconscious

(ND) Nerve Damage (RM) Refused Med Treatment

(OD) Organ Damage (NN) NONE

FORCE USED	BY	FORCE USED AG	SAINST	Method	Type of Injury	Body Part
Name	E# or S#	Name	E# or S#	(Code)	(Code)	(Code)
Duguerre	S#1	Krase	E#1	UC	NN	NN
Duguerre	S#1	Krase	E#1	RS	NN	NN
Duguerre	S#1	Krase	E#1	PH	BR	FA
Krase	E#1	Duguerre	S#1	PH	AB	FA
Krase	E#1	Duguerre	S#1	FŁ.	AR	AB
Krase	E#1	Duguerre	S#1	TR	PW	ВК
Duguerre	S#1	Villalobos	E#2	UC	NN	NN
Duguerre	S#1	Villalobos	E#2	RS	NN	NN
Duguerre	S#1	Villalobos	E#2	PH	NN	NN
Villalobos	E#2	Duguerre	S#1	PH	AB	FA
Duguerre	S#1	Sanchez	E#3	UC	NN	NN
Duguerre	S#1	Sanchez	E#3	R\$	NN	NN
Duguerre	S#1	Sanchez	E#3	PH	NN	NN
Sanchez	E#3	Duguerre	S#1	PH	AB	FA

		<u></u>				

(CO) Concussion

(DI) Dislocation

(DH) Death

(LC) Lacerations

URN:	008-00156-5100	-145		REFER	ENCE #		5100 - 2008 - 0202 - 001
Method							
(TT) Control Holds (TD) Control Holds	ct)	(FR) F (FS) F (FO) F (FB) F (FL) F (OE) C (OV) C (OB) C (OO) C	Firearm (Handgun) Firearm (Rifle) Firearm (Shotgun) Firearm (Other) Flashbang Flashlight Other Weapon: Edged Other Weapon: Vehicle Other Weapon: Blunt Other	bject		(RS) (CN) (RH) (HB) (TP) (RE) (SP) (SH) (SG)	Personal Weapon (Other) Resistance Restraint Device (Capture Net) Restraint Device (Handcuffs) Restraint Device: Hobble (Legs Only) Restraint Device: Hobble (TARP) Restraint Device: REACT Belt Sap Shield 37mm Stinger
	ents (OC Spray) ents (Tear Gas)	(PS) P (PH) P	Personal Weapon: Feet Personal Weapon: Feet Personal Weapon (Hand Personal Weapon (Pusi	/Leg: (Sv d/Arm)	weep)	ST)	Sting Ball Stun Bag Taser Uncooperative
Type of Injury				Т	Body	Par	t Injured

Туре	of Injury					Body Part Injured						
(AB)	Abrasion	(DB)	Dog Bite	(PA)	Paralysis	(AD)	Abdomen	(FA)	Face	(HI)	Hip	
(BR)	Bruise	(FR)	Fractures	(PW)	Puncture Wound	(AK)	Ankle	(FE)	Feet	(IN)	Internal	
(BU)	Burn	(GS)	Gunshot	(SD)	Soft Tissue Damage	(AR)	Arm	(FI)	Fingers	(KN)	Knees	
(CP)	Complaint of Paln	(HB)	Human Bite	(ST)	Sprain/Twists	(8K)	Back	(GE)	Genitals	(LE)	Leg	
(CO)	Concussion	(LC)	Lacerations	(UN)	Unconscious	(BT)	Buttocks	(GR)	Groin	(NK)	Neck	
(DH)	Death	(ND)	Nerve Damage	(RM)	Refused Med Treatment	(CH)	Chest	(HD)	Hands	(NO)	Nose	
(DI)	Dislocation	(OD)	Organ Damage	(NN)	NONE	(EL)	Elbow	(HE)	Head	(SH)	Shoulder	
, .						` '		, ,		(WR)	Wrist	

FORCE APPLIED

FORCE USED	BY	FORCE USED AG	AINST	Method	Type of Injury	Body Part
Name	E# or S#	Name	E# or S#	(Code)	(Code)	(Code)
Duguerre	S#1	Hernandez	E#4	UC	NN	NN
Duguerre	S#1	Hernandez	E#4	RS	NN	NN
Duguerre	S#1	Hernandez	E#4	PH	NN	NN
Hernandez	E#4	Duguerre	S#1	PH	AB	FA
Duguerre	S#1	Diaz	E#5	UC	NN	NN
Duguerre	S#1	Diaz	E#5	RS	NN	NN
Duguerre	S#1	Diaz	E#5	PH	NN	NN
Diaz	E#5	Duguerre	S#1	PH	AB	FA
Duguerre	S#1	Johnson	E#6	UC	NN	NN
Duguerre	S#1	Johnson	E#6	RS	NN	NN
Duguerre	S#1	Johnson	E#6	PH	NN	NN
Johnson	E#6	Duguerre	S#1	PH	AB	FA
Johnson	E#6	Duguerre	S#1	PO	AB	FA
Duguerre	S#1		E#7	UC	NN	NN
Duguerre	S#1		E#7	RS	NN	NN
Duguerre	S#1		E#7	PH	AB	FA
	E#7	Duguerre	S#1	TR	AB	BK

(NK)

(GR) Groin

(HD) Hands

(HE) Head

(SH) Shoulder (WR) Wrist

(NO) Nose

Neck

URI	N:	008-0	0156-5100	-145				REFE	RENCE	#:	5100	- 20	008 - 02	02 -	001
Meth	od														
BC) Bf) CN) CR) CH) CT) TD) CE)	Arwen Baton: (Control) Baton: (Impact) Bodily Fluids Canine Carotid Restraint Choke Hold Control Holds: (Co Control Holds: (Te Control Holds: (Ta Chemical Chemical Agents (Explosives	am Ta kedow OC Sp	kedown) n) oray)	(FR) (FS) (FS) (FO) (FB) (OE) (OV) (OB) (OO) (PK) (PS) (PH)	Fire: Fire: Fire: Flas Flas Othe Othe Pers Pers	arm (Hand arm (Rifle) arm (Shotg arm (Other hbang hlight er Weapon er Weapon er Weapon conal Weap conal Weapon asonal Weapon	un) : Edged : Vehicle : Blunt O : Other bon: Feel bon (Han	bject /Leg: (k /Leg: (\$ d/Arm)		(RS) (CN) (RH) (HB) (TP) (RE) (SP) (SH) (SG) (SB) (ST) (TR)	Resti Resti Resti Resti Resti Resti Sap Shiel 37mr Sting Stun Tase	stance raint D raint D raint D raint D raint D id m Sting Ball Bag	evice (Cap levice (Har levice: Hob levice: Hob levice: REA	oture No ndcuffs) oble (Le oble (TA) egs Only) ARP)
Туре	of Injury								Bod	y Par	t Inju	red			
	Abrasion		Dog Bite	2		Paralysis		1	()	Abdo			Face	(HI)	Hip
(BR) (BU)	Bruise Burn		Fractures Gunshot			Puncture Soft Tissu		oe.	(AK)	Ankle			Feet Fingers	(IN)	Internal Knees
	Complaint of Pain					Sprain/Tv		9~	(BK)	Back		4 6	Genitals	(LE)	Leg
inni	A					**			(0.00)	B 16	4	4 6	- 1	10.000	

FORCE APPLIED

(CH) Chest

(EL) Elbow

Buttocks

(BT)

(UN) Unconscious

(ND) Nerve Damage (RM) Refused Med Treatment

(OD) Organ Damage (NN) NONE

FORCE USED	BY	FORCE USED AG	AINST	Method	Type of Injury	Body Part
Name	E# or S#	Name	E# or S#	(Code)	(Code)	(Code)
Duguerre	S#1	Vazquez	E#8	UC	NN	NN
Duguerre	S#1	Vazquez	E#8	RS	NN	NN
Duguerre	S#1	Vazquez	E#8	PH	NN	NN
Vazquez	E#8	Duguerre	S#1	PH	AB	FA
Vazquez	E#8	Duguerre	S#1	FL	AB	AR
Duguerre	S#1	Her	E#9	UC	NN	NN
Duguerre	S#1	Her	E#9	RS	NN	NN
Duguerre	S#1	Her	E#9	PH	NN	NN
Her	E#9	Duguerre	S#1	PH	AB	FA
Her	E#9	Duguerre	S#1	oc	NN	NN
Her	E#9	Duguerre	S#1	FL.	AB	ВК
Duguerre	S#1		E#10	UC	NN	NN
Duguerre	S#1		E#10	RS	NN	NN
	E#10	Duguerre	S#1	TR	AB	SH
					<u> </u>	

(DH) Death

(CO) Concussion

(DI) Dislocation

(LC) Lacerations